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CONFIRMATION NO. 3210

Bib Data Sheet

|  |   |  |  |                                       |                       |                            |
|--|---|--|--|---------------------------------------|-----------------------|----------------------------|
| SERIAL NUMBER<br>10/664,420  | FILING DATE<br>09/17/2003<br><br>RULE   | CLASS<br>099   | GROUP ART UNIT<br>1761   | ATTORNEY<br>DOCKET NO.<br>883.0057USU |                       |                            |
| APPLICANTS<br><br>Theodore B. Mulle, New Milford, CT;<br><br>** CONTINUING DATA *****<br><br>** FOREIGN APPLICATIONS *****<br><br>IF REQUIRED, FOREIGN FILING LICENSE GRANTED<br>** 12/23/2003 |   |  |  |                                       |                       |                            |
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met<br>Verified and Acknowledged   |   | <input type="checkbox"/> yes <input type="checkbox"/> no<br><input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Examiner's Signature Initials | STATE OR<br>COUNTRY<br>CT  | SHEETS<br>DRAWING<br>5                | TOTAL<br>CLAIMS<br>20 | INDEPENDENT<br>CLAIMS<br>3 |
| ADDRESS<br>Charles N.J. Ruggiero, Esq.<br>Ohlandt, Greeley, Ruggiero & Perle, L.L.P.<br>10th Floor<br>One Landmark Square<br>Stamford , CT<br>06901-2682                                       |   |  |  |                                       |                       |                            |
| TITLE<br>OPTICAL INTERLOCK FOR APPLIANCE   |   |  |  |                                       |                       |                            |
| FILING FEE<br><br>RECEIVED<br>750  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |  | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____ |                                       |                       |                            |